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PATENT & TRADEMARK OFFICE

## FEE TRANSMITTAL FY 2006

Complete if Known	
Application Serial No.	10/008,269
Docket No.	74622.029
Filing Date	December 10, 2001
First Named Inventor	Sanjay Deshpande
Group No.	3693
Examiner Name	Greimel, Jocelyn
Confirmation No.	2616

**METHOD OF PAYMENT****FEE CALCULATION (continued)**

<input type="checkbox"/> Payment Enclosed:		<b>4. ADDITIONAL FEES</b>		
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Large Entity	Small Entity	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.		Fee (\$)	Fee (\$)	Fee Description
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed).		130	65	Surcharge - late filing fee or oath
<input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.		50	25	Surcharge - late provisional filing fee or cover sheet
<input checked="" type="checkbox"/> Overpayment Credit.		130	130	Non-English specification
<input type="checkbox"/> Applicant claims small entity status. (deduct 50%)		2,520	2,520	Request for ex parte re-examination
<b>FEEL CALCULATION</b>				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>				
Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	
<i>Small Entity Discount</i>				
<b>1. TOTAL</b>				
<b>2. EXCESS CLAIM FEES</b>		Fee	Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.		50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.		200	100	
Total Claims	Extra Claims	Fee Paid (\$)		
34	- 32 = 2	x \$50 =	\$100.00	
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee Paid (\$)		
5	- 3 or HP = 2	x \$200 =	\$400.00	
HP = highest number of total claims paid for, if greater than 3				
Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)	
	360	180		
		<b>2. TOTAL:</b>	<b>\$500.00</b>	
<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100= 0	/50=	round up to a whole number	x =	0.00
		<b>3. TOTAL:</b>	<b>0</b>	
<b>CORRESPONDENCE ADDRESS</b>				
Direct all correspondence to:				
Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899				



# TRANSMITTAL FORM

	Application Serial Number	10/008,269
	Filing Date	December 10, 2001
	First Named Inventor	Sanjay Deshpande
	Group Art Unit	3693
	Examiner Name	Greimel, Jocelyn
	Attorney Docket No.	74622.029
	Patent No.	Not yet assigned
	Issue Date	Not yet assigned

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form (1 page)	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response (11 pages) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 13<sup>th</sup> day of November, 2006.

Kim LaRocca

Kim LaRocca

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted, <p style="text-align: center;">Todd A. Gerety</p> <p style="text-align: center;">Attorney for the Applicant(s)            Proskauer Rose LLP            One International Place            Boston, MA 02110-2600</p>